

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.04063880
0.00000000

Gross Claim	\$	2,946,696.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,946,696.90
YTD Amount:	\$	21,391,385.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00011234
0.00000000

Gross Claim	\$	8,145.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,145.71
YTD Amount:	\$	53,536.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00149494
0.00000000

Gross Claim	\$	108,397.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,397.27
YTD Amount:	\$	522,714.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00982803
0.00000000

Gross Claim	\$	712,625.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	712,625.02
YTD Amount:	\$	2,635,172.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00156172
0.00000000

Gross Claim	\$	113,239.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,239.45
YTD Amount:	\$	432,561.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00124461
0.00000000

Gross Claim	\$	90,245.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	90,245.98
YTD Amount:	\$	314,346.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.02063949
0.00000000

Gross Claim	\$	1,496,558.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,496,558.00
YTD Amount:	\$	10,862,545.84

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CLAIM SCHEDULE NUMBER: 1300218A
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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00145747
0.00000000

Gross Claim	\$	105,680.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,680.34
YTD Amount:	\$	434,261.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00568751
0.00000000

Gross Claim	\$	412,398.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	412,398.20
YTD Amount:	\$	1,487,456.05

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.02522293
0.00000000

Gross Claim	\$	1,828,900.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,828,900.70
YTD Amount:	\$	13,270,608.73

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00140132
0.00000000

Gross Claim	\$	101,608.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,608.94
YTD Amount:	\$	401,979.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00996374
0.00000000

Gross Claim	\$	722,465.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,465.27
YTD Amount:	\$	2,311,369.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 1/27/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00984123
0.00000000

Gross Claim	\$	713,582.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	713,582.14
YTD Amount:	\$	2,453,621.60

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00190832
0.00000000

Gross Claim	\$	138,371.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,371.23
YTD Amount:	\$	535,783.24

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01717672
0.00000000

Gross Claim	\$	1,245,474.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,245,474.46
YTD Amount:	\$	9,038,014.69

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00487519
0.00000000

Gross Claim	\$	353,497.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	353,497.33
YTD Amount:	\$	1,357,847.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00212481
0.00000000

Gross Claim	\$	154,068.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,068.80
YTD Amount:	\$	681,971.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00151665
0.00000000

Gross Claim	\$	109,971.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,971.45
YTD Amount:	\$	505,668.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.32535048
0.00000000

Gross Claim	\$	23,590,983.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,590,983.26
YTD Amount:	\$	171,276,810.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00481249
0.00000000

Gross Claim	\$	348,950.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	348,950.99
YTD Amount:	\$	1,303,425.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01146042
0.00000000

Gross Claim	\$	830,988.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	830,988.71
YTD Amount:	\$	2,741,328.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00081417
0.00000000

Gross Claim	\$	59,035.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,035.02
YTD Amount:	\$	243,239.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00308743
0.00000000

Gross Claim	\$	223,867.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	223,867.84
YTD Amount:	\$	919,152.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00570071
0.00000000

Gross Claim	\$	413,355.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	413,355.33
YTD Amount:	\$	2,996,046.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00089700
0.00000000

Gross Claim	\$	65,040.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,040.97
YTD Amount:	\$	272,383.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00125416
0.00000000

Gross Claim	\$	90,938.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	90,938.45
YTD Amount:	\$	502,898.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00836357
0.00000000

Gross Claim	\$	606,437.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	606,437.83
YTD Amount:	\$	4,402,167.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00481595
0.00000000

Gross Claim	\$	349,201.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	349,201.87
YTD Amount:	\$	1,229,829.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00304804
0.00000000

Gross Claim	\$	221,011.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	221,011.69
YTD Amount:	\$	811,279.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.05494820
0.00000000

Gross Claim	\$	3,984,263.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,984,263.57
YTD Amount:	\$	28,855,638.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00356425
0.00000000

Gross Claim	\$	258,441.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	258,441.80
YTD Amount:	\$	1,873,980.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00130226
0.00000000

Gross Claim	\$	94,426.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,426.15
YTD Amount:	\$	299,702.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.03209715
0.00000000

Gross Claim	\$	2,327,346.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,327,346.58
YTD Amount:	\$	16,883,944.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.03324084
0.00000000

Gross Claim	\$	2,410,274.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,410,274.91
YTD Amount:	\$	17,483,191.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00184004
0.00000000

Gross Claim	\$	133,420.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,420.28
YTD Amount:	\$	505,920.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.03571878
0.00000000

Gross Claim	\$	2,589,948.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,589,948.97
YTD Amount:	\$	18,769,369.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.06122250
0.00000000

Gross Claim	\$	4,439,209.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,439,209.60
YTD Amount:	\$	32,113,116.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.06205138
0.00000000

Gross Claim	\$	4,499,311.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,499,311.23
YTD Amount:	\$	32,666,100.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01405214
0.00000000

Gross Claim	\$	1,018,912.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,018,912.90
YTD Amount:	\$	7,386,521.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00466930
0.00000000

Gross Claim	\$	338,568.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	338,568.36
YTD Amount:	\$	2,457,319.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01440573
0.00000000

Gross Claim	\$	1,044,551.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,044,551.51
YTD Amount:	\$	7,582,141.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00860601
0.00000000

Gross Claim	\$	624,017.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	624,017.02
YTD Amount:	\$	4,529,443.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.03463767
0.00000000

Gross Claim	\$	2,511,558.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,511,558.28
YTD Amount:	\$	18,229,906.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00583403
0.00000000

Gross Claim	\$	423,022.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	423,022.29
YTD Amount:	\$	3,071,253.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00844936
0.00000000

Gross Claim	\$	612,658.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	612,658.42
YTD Amount:	\$	2,160,577.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00029524
0.00000000

Gross Claim	\$	21,407.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	21,407.69
YTD Amount:	\$	97,552.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00237360
0.00000000

Gross Claim	\$	172,108.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,108.42
YTD Amount:	\$	664,745.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01197614
0.00000000

Gross Claim	\$	868,383.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	868,383.28
YTD Amount:	\$	3,371,888.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01954303
0.00000000

Gross Claim	\$	1,417,054.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,417,054.29
YTD Amount:	\$	4,666,279.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01140852
0.00000000

Gross Claim	\$	827,225.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	827,225.47
YTD Amount:	\$	6,001,258.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00470644
0.00000000

Gross Claim	\$	341,261.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	341,261.36
YTD Amount:	\$	1,201,072.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00316109
0.00000000

Gross Claim	\$	229,208.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	229,208.89
YTD Amount:	\$	849,221.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00131981
0.00000000

Gross Claim	\$	95,698.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,698.69
YTD Amount:	\$	434,315.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01017488
0.00000000

Gross Claim	\$	737,774.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	737,774.92
YTD Amount:	\$	5,347,624.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00244601
0.00000000

Gross Claim	\$	177,358.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	177,358.83
YTD Amount:	\$	667,607.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.01345719
0.00000000

Gross Claim	\$	975,773.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	975,773.40
YTD Amount:	\$	7,081,585.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A
PAYMENT ISSUE DATE: 1/27/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00370355
0.00000000

Gross Claim	\$	268,542.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,542.36
YTD Amount:	\$	1,948,722.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00384215
0.00000000

Gross Claim	\$	278,592.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,592.17
YTD Amount:	\$	1,000,290.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00122597
0.00000000

Gross Claim	\$	88,894.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,894.41
YTD Amount:	\$	644,101.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00556238
0.00000000

Gross Claim	\$	403,325.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	403,325.10
YTD Amount:	\$	2,922,509.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300218A

PAYMENT ISSUE DATE: 1/27/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 12/16/2013 TO: 1/15/2014

Total amount collected: \$72,509,446.61

Gross monthly apportionment: \$72,509,446.61

County/City Ratio: 0.00186412
0.00000000

Gross Claim	\$	135,166.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,166.31
YTD Amount:	\$	979,999.25